

Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

Date: Friday, 8th April, 2022

Time: 10.00am

Venue: Brunswick Room - Guildhall, Bath

Councillors: Vic Pritchard, Michelle O'Doherty, Ruth Malloy, Andy Wait,
Paul May, Liz Hardman, Gerry Curran, Rob Appleyard and Joanna Wright

Co-opted Voting Members: Gill Stobart

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

The Panel will have a pre-meeting at 9.30am



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NOTES:

1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: <https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1>

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

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Advance notice is required not less than two full working days before the meeting. This means that for meetings held on Thursdays notice must be received in Democratic Services by 5.00pm the previous Monday.

Further details of the scheme can be found at:

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**Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel - Friday,
8th April, 2022**

at 10.00 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**,
(as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. 10.05AM MINUTES: 8TH MARCH 2022 (Pages 7 - 24)

8. 10.15AM CABINET MEMBER UPDATE

The Cabinet Member will update the Panel on any relevant issues. Panel members may ask questions on the update provided.

9. 10.30AM BSW CCG UPDATE

The Panel will receive an update from the B&NES, Swindon & Wiltshire Clinical Commissioning Group (BSW CCG) on current issues.

10. 10.40AM TRANSFORMATION PLAN UPDATE (ADULTS) (Pages 25 - 44)

This reports intention is to update Children's and Adults Health and Wellbeing, Policy Development Scrutiny Panel on the progress to date on transformation of Adult Social Care.

11. 11.10AM PANEL WORKPLAN (Pages 45 - 48)

This report presents the latest workplan for the Panel. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Panel's Chair and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on mark_durnford@bathnes.gov.uk 01225 394458.

BATH AND NORTH EAST SOMERSET

**MINUTES OF CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY
DEVELOPMENT AND SCRUTINY PANEL MEETING**

Tuesday, 8th March, 2022

Present:- **Councillors** Vic Pritchard, Michelle O'Doherty, Ruth Malloy, Andy Wait, Paul May, Liz Hardman, Gerry Curran, Rob Appleyard and Joanna Wright

Co-opted Non-Voting Members: Chris Batten and Kevin Burnett

Also in attendance: Dr Bryn Bird (BSW CCG), Suzanne Westhead (Director of Adult Social Care), Simon Cook (Shaping a Healthier Future Programme Director), Mary Kearney-Knowles (Director of Children's Services and Education), Alison Woodiwiss (Senior Commissioning Manager - Complex Care & Targeted Support), Marcia Burgham (Senior Public Health Commissioning and Development Manager), Olwyn Donnelly (Head of Education Commissioning), Geoff Underwood (Programme Director for Strategy and Transformation, NHS South, Central and West), Richard Smale (BSW CCG Director of Strategy & Transformation) and Val Scrase (Managing Director, B&NES Community Services, HCRG)

Cabinet Member for Adults: Councillor Alison Born

Cabinet Member for Children and Young People, Communities and Culture:
Councillor Dine Romero:

82 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

83 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

84 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Gill Stobart, Co-opted Panel Member had given her apologies to the Panel.

85 DECLARATIONS OF INTEREST

Councillor Gerry Curran declared an other interest with regard to agenda item 6 (Items from Public & Cllrs) as he is an employee of HCRG.

86 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

87 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

Councillor Eleanor Jackson addressed the Panel on the subject of SACRE (Standing Advisory Council for Religious Education). A copy of the statement can be found as an online appendix to these minutes and a summary is set out below.

Under the terms of the 1988 Education Act, local authorities are required, as a statutory duty, to set up a committee representative of the local authority and local religious or faith communities and world views, devise an appropriate syllabus for their area, and monitor its delivery.

Since 1944 also, parents have had the right to withdraw their children from Religious Education and Collective Worship, though in fact very few do. It is also required by law that parents are advised clearly of their rights. More recently there is a move to establish the converse, children's right to RE or its equivalent. This is vitally important because we live in a multi-faith, multi-cultural country, and children need to know how to relate to those of other traditions.

If this Council is serious in its professed diversity and equality policies, then it should be backing its SACRE to the hilt. I spend quite a bit of time in the SACRE monitoring of compliance.

I find it deeply shocking that the Council's own website is not compliant, in that there is no explanation of our work, which is as much a part of the Council's statutory work as the Planning Committee, and on the other, parents choosing a school cannot easily obtain the information they might value.

I am asking this Panel to investigate and find out why this is so. Is the Council ashamed of its exemplary work? Can you not get the correct links authorised?

Councillor Yukteshwar Kumar addressed the Panel on the subject of SACRE (Standing Advisory Council for Religious Education), a summary is set out below.

SACRE is a statutory body which must have a presence on the Council's website so that information on Religious Education can be sourced.

In our world that is currently being torn apart by the ravages of war it is even more important to have an understanding of people's beliefs and an awareness of different cultures.

The Chairman thanked them both for their statements.

Councillor Liz Hardman proposed that a link to the SACRE website be made available from the Council's own website.

Councillor Andrew Wait seconded the proposal.

The remaining members of the Panel agreed with the proposal.

The Head of Education Commissioning commented that she has been in contact with the B&NES IT Department to discuss how best this could be arranged. She said that discussions had been positive and that she was also liaising with Dave Francis, Associate Adviser and Clerk for B&NES SACRE.

She said that the current suggestion is that a link to the B&NES SACRE website could be placed on The Hub, along with other key resources for schools.

Councillor Paul May asked if a timescale could be given for the link to be put in place.

The Director of Children's Services & Education replied that they would look to have this in place within three weeks.

Pam Richards, Protect Our NHS BANES made a statement to the Panel on the subject of HCRG. A copy of the statement can be found as an online appendix to these minutes and a summary is set out below.

At the last Scrutiny Panel on 18th Jan. the Panel expressed their concern about the takeover of Virgin Care. The Panel was told that the due diligence reports would be completed by the end of February.

There is a great deal of public disquiet and concern about the secretive takeover of Virgin Care. I am therefore shocked and surprised to learn that there is no report on the agenda and therefore no opportunity for this Panel to scrutinise or ask questions about the future of this contract. Furthermore, I have now learned that a decision is unlikely to be taken until June.

Protect Our NHS BANES on behalf of the wider public would like to know what is going on. We have several specific questions about this process.

1. Why have the reports on due diligence undertaken regarding HCRG (Twenty20 Capital) and the legal advice about the contract not been made available to this committee? Have these reports been completed and submitted to the Council?
2. Will the Health Scrutiny Panel have an opportunity to ask questions and scrutinise the commissioned reports and recommendations prior to a decision being taken by Cabinet? Can you please assure us that you will press for the maximum transparency and scrutiny in regard to any decision about the contract?
3. Is it legal, in terms of the contract, not to make a decision about an extension or otherwise before the end of March when this was the deadline quoted?

Councillor Pritchard advised me in an email that,
'I am repeatedly advised that until negotiations are complete nothing will be referred to scrutiny.'

This reference to negotiations is rather concerning. Who is negotiating with whom? Surely the commissioners should not be negotiating with HCRG as they took over a company (Virgin Care) which had already negotiated the terms of a contract extension.

The Council and the CCG are accountable to the public for how they spend our money and for the quality of the services delivered. The decision making process should therefore be open and transparent.

The public have expressed strong objections to these services now being run by a private equity company. We would urge councillors to take these views into account when making any decisions about the contract extension.

Barbara Gordon made a statement to the Panel on the subject of HCRG. A copy of the statement can be found as an online appendix to these minutes and a summary is set out below.

Along with many others, I campaigned strongly against the awarding of the contract for Community Health and Care Services to Virgin Care in 2017. We have clearly been vindicated in our position since the contract has now been handed to HCRG Care, a company wholly owned by Twenty20 Capital whose stated aim is to 'look for significant returns in 2-5 years'.

The secretive way that this transfer took place, announced just two weeks after Virgin Care had taken part in discussions with commissioners who agreed to extend the contract for three more years, raises huge concerns about a lack of good faith on the part of the provider.

Apparently, the Council have received assurances by HCRG that 'nothing will change'. HCRG have said "Our contract and our contractual commitments remain the same."

The decision whether or not to extend the contract when the current contract ends is a decision for Cabinet; the role of this Scrutiny Panel is to advise them before that decision is taken.

A provision of the Health and Care Bill currently going through Parliament is that the commissioners will not in future need to put contracts out for tender but will be free to take services back in-house, thereby saving the previous enormous cost of tendering. They will also be free from the constraints imposed on service provision by the needs of commerce to make a profit for shareholders.

The Chairman thanked them both for their statements and for raising their concerns to the Panel.

Councillor Liz Hardman said that she shared their concerns and stated that the Panel has a remit to contribute towards key decisions being made. She added that the Panel needs an opportunity to discuss this matter further, even if that was required to take place in an exempt session. She suggested that if possible this should form part of the agenda for the meeting scheduled for 8th April.

Councillor Paul May said that he felt that the Council had been put in a difficult position, but that he understood the sensitivities involved and acknowledged the concerns raised. He added that it was vital to make sure our residents receive the best services.

Councillor Alison Born, Cabinet Member for Adults stated that the BSW CCG and Bath and North East Somerset Council had now received the initial due diligence report commissioned on Twenty 20 Capital/HCRG Care Group. She added that we have also been assured by HCRG Care Group that the acquisition of Virgin Care will make no difference to the way in which services are provided.

She said that following specialist legal advice, the CCG and Council have agreed with HCRG Care Group to allow more time for a more detailed review of the implications of these changes to our local services, and of their impact on the options appraisal that formed the basis for the original extension decision. She added that they were aiming to conclude this work in time for a decision to be taken by June 30th.

She stated that the intention is to bring a report to the Panel prior to the Cabinet making their decision.

The Chairman said that he welcomed this reply.

Councillor Joanna Wright said that the Panel have already asked for this information and for an additional meeting if required and that it must be able to have an input prior to the Cabinet decision.

The Director of Adult Social Care said that they were in the process of forming a timeline for this next stage of work following the receipt of the due diligence report. She said that there was a need to make sure the contract remains sufficient and robust and that the Council were not in any negotiations with HCRG.

She added that information would be shared with the Panel when possible and that it was so important to get this process right.

Councillor May said that he welcomed the commitment to involve the Panel prior to a Cabinet decision being made.

Councillor Hardman commented that she still had concerns and welcomed the Panel receiving a report in the near future.

88 MINUTES: 18TH JANUARY 2022

Kevin Burnett referred to page 12, Paediatric Urgent Service Hubs (PUSH) and asked if these sessions had proved to be successful / had the desired impact.

Dr Bryn Bird replied that he felt that they had been successful and that afternoon sessions were still taking place three times a week, with around 160 patient contacts taking place over the past three weeks.

Kevin Burnett again referred to page 12, Temporary care facility opened at Bath hotel to help free up beds in local hospitals. He asked if care provision at the facility had been reviewed and any issues addressed.

Dr Bryn Bird replied that the facility had been put in place to manage discharge planning. He said that there was a capacity for 15 patients and that generally it had enabled a quick turnover of patients. He added that he was aware that 4 patients had been there for several weeks and that cases were assessed on a daily basis. He said that no complaints have been received regarding the Care Hotel.

Kevin Burnett referred to page 15, Budget. He said that no answer had been recorded to his question as to whether there are any Services that will provide less than they currently offer after possible savings have taken place.

The Director of Children's Services replied on behalf of herself and the Director of Adult Social Care to say that there will be no reduction in services in BANES through the savings proposed.

Councillor Paul May commented that to have separately themed meetings (CYP / Adults) was a good compromise.

The Chairman referred to page 16, Libraries and asked if the £126,000 saving outlined would still be achieved through not filling two job vacancies within the service.

Councillor Dine Romero, Cabinet Member for Children and Young People, Communities and Culture replied that this saving had been reprofiled for the Council's budget meeting and that only £50,000 was being asked for in 2022/23 which would be saved through the two vacancies not being filled. She added that the remainder would be saved within Customer Services and the changes proposed in provision by utilising the libraries within Keynsham and Midsomer Norton and additional use of the Bath One Stop Shop.

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

89 CABINET MEMBER UPDATE

Councillor Dine Romero, Cabinet Member for Children and Young People, Communities and Culture addressed the Panel. A copy of the update can be found as an online appendix to these minutes.

She informed them that yesterday she had received a briefing from CAMHS (Child and Adolescent Mental Health Services) and felt that the Panel would also benefit from receiving it in due course.

Councillor Liz Hardman had submitted the following question.

Once again a number of children (41) are reported not to have received any of their preferences when being allocated a secondary school place. I'd like to understand why this is. Is it because parents are still under the impression that if they express a

preference for only one or two schools they are more likely to get a place in one of those schools or is it because parents are using all their preferences but there are insufficient places in those schools to accommodate them?

Councillor Romero replied that this was due to parents/carers only expressing a preference for one or two schools and/or a preference for schools not local to their address. She suggested whether additional communication / advice should be given in the coming years to parents/carers when taking part in this process.

Councillor Michelle O'Doherty said that she recalls a great deal of work taking place on this issue a few years ago and so it would be good to check that the message about utilising the number of preferences is still being given.

Councillor Liz Hardman commented that she felt there was a role for the Primary Headteachers to play in advising the parents of the process. She asked if it was known how far some of the children would have to travel as a result of not being allocated one of their preferences and what was the general level of sufficiency within Secondary schools.

The Director of Director of Children's Services & Education replied that general communications about the process and using as many preferences as possible will be reiterated to families and schools and they would consider what could be done further. She added that in terms of sufficiency she could supply a separate briefing to the Panel.

Kevin Burnett commented that Secondary Headteachers could also provide advice when prospective parents attend their open evenings.

Councillor Romero advised the Panel that if contacted by parents of children who have not been given their preferred place then they should be made aware of the School Appeals process that would have been outlined in the letters they had received.

Councillor O'Doherty asked if all councillors could be sent this guidance to then be in a position to advise families if contacted.

Councillor Romero replied that she would arrange for this to be circulated.

The Director of Director of Children's Services & Education commented that the Panel could receive a report on School Admissions at a future meeting.

Councillor Paul May said that he welcomed that the final reports relating to the Independent Review of Children's Social Care and Ofsted ILAC Inspection would be shared with the Panel when completed.

The Chairman asked if the Panel could be informed of the names of the 10 Local Authorities that met on February 15th 2022 as part of the Independent Review of Children's Social Care.

Councillor Romero replied that she would supply this information to the Panel.

Kevin Burnett asked if any further comment could be given on the matter of work relating to the symptoms / causes of mental health in children and young people.

Councillor Romero replied that prevention was also very much part of the work of CAMHS.

Kevin Burnett asked if there was any update on Operation Encompass and whether that was to be fully rolled out to schools in B&NES and had the Police been successful in their Automated Notification System bid.

The Director of Director of Children's Services & Education replied that the Police have been successful in their Data Accelerator bid and were now working with Local Authorities in the Avon & Somerset area to implement Operation Encompass in due course.

The Chairman thanked Councillor Romero for her update on behalf of the Panel.

90 BSW CCG UPDATE

Dr Bryn Bird, B&NES Locality Clinical Chair addressed the Panel. A copy of the update can be found as an online appendix to these minutes, a summary of the update is set out below.

Integrated Care Board

As we move towards the establishment of the Integrated Care System (ICS) on a statutory footing on 1 July 2022, we welcomed Sue Harriman in February as Chief Executive Designate of the BSW Integrated Care Board (BSW ICB) and appointed four Non-Executive Directors (NEDs).

The four new NEDs are Dr Claire Feehily, Non-Executive Director for Audit, Julian Kirby, Non-Executive Director for Public and Community Engagement, Suzannah Power, Non-Executive Director for Remuneration and People and Professor Rory Shaw, Non-Executive Director for Quality & Performance.

Recruitment for the Integrated Care Board Director positions for Medical, Planning & Performance, Strategy & Transformation and Chief Nurse roles is also underway, as is recruitment for the Director of Place roles.

Clinical Care Professional Leadership

This piece of work has been developed across the BSW area to highlight and record what has been learnt from the past ten years and to make sure that by maximising the research that appropriate training and resources are in place for the future. He added that further meetings would take place to develop this across B&NES and that it was hoped that it would compliment the work of the ICA (Integrated Care Alliance).

The Chairman asked if the Care Hotel was to remain a permanent facility.

Dr Bird replied that it was not. He said that meetings take place on a daily basis regarding the discharge process.

The Chairman asked about the status of the role of Tracey Cox, BSW CCG Chief Executive Officer in the context of the new BSW Integrated Care Board.

Dr Bird replied that there has been a national extension of CCGs for three months whilst the transition period is ongoing to be able to plan services appropriately whilst the ICS is operating in shadow form. He added that Tracey Cox remains in her post in this transition period.

Councillor Paul May commented that with the Council having had a good working relationship with the CCG he felt concerned that it might become vulnerable in some way with the introduction of the ICB and the new posts allocated to it.

He asked if the Panel could at some point receive a report on the role of the ICB in conjunction with the Council with regard to Child Health Care.

Richard Smale, BSW CCG Director of Strategy & Transformation commented that the strong relationship the Local Authority has with the CCG needs to continue. He said that a positive meeting took place last week between Sue Harriman and the three Local Authority Chief Executives. He added that the subject of Children & Young People was very much at the top of their agenda.

Councillor May suggested that relevant Cabinet Members be included in those types of meetings if possible to give a community view. He added that he would also like to see an agreed set of outcomes for improvements in the livelihood of Children & Young People to be achieved.

Richard Smale replied that it had been acknowledged that there was work to be done to make sure the relationship between the ICB and elected members was established correctly.

The Director of Children's Services said she and colleagues, including the Senior Commissioning Manager - Complex Care & Targeted Support, were in conversations with Richard Smale and that working with the ICB was very much on their agenda.

The Senior Commissioning Manager - Complex Care & Targeted Support added that there was a strong history of integrated working with officers and health care professionals across the three authorities. She said they were working on what was required as part of the system as a whole and what should be kept as part of a place based organisation.

91 ADOPTION WEST CONTRACT EXTENSION

The Director of Children's Services introduced the Cabinet report to the Panel and highlighted the following areas.

The contractual commissioning agreement for the provision of an Integrated Adoption Support Service comes to an end on 28 February 2022. All 6 Local Authorities agreed to a temporary 3-month extension of the contract in December 2021 to ensure stability of Adoption West pending Executive support to the contract

extension. B&NES approved the contract extension via delegated authority on January 21st, 2022, extending the contract from February 28th 2022 to May 28th 2022.

The report seeks approval to extend the existing arrangements for a further five years until 28 February 2027. The original Commissioning Agreement (as defined) provides an option to extend its term for a period of up to 5 years commencing 01 March 2022, subject to the agreement of the participating local authorities.

The report also seeks approval to amend the current financial agreement (as defined) for a period of 5 years and expiring on 28th February 2027.

The report also seeks approval to replace the current service specification (schedule 2) to the Commissioning Agreement (as defined) with the Service Specification set out in schedule 1 to the attached draft variation agreement.

She informed the Panel that she sits on the Board and that Councillor Michelle O'Doherty sits on the Scrutiny Panel and said that the service delivers well for our area.

She said that Adoption West's Annual Report 2021/2022 and Ofsted Inspection Report, that was carried out in February, would be shared with the Panel in due course.

Councillor O'Doherty said that she supported the proposal to extend the existing arrangements. She added that she would welcome the Panel being able to have a more timely receipt of reports of this nature in the future so that they can advise the Cabinet accordingly of their views.

The Director of Children's Services replied that they would look to programme such reports into the agenda planning process.

Councillor Joanna Wright asked if the Wiltshire Adopters Networking, Development & Support (WANDS) can be used to support families in B&NES.

The Director of Children's Services replied that is part of the Adoption West Development Plan to extend the provision of WANDS into B&NES. She added that she would raise the matter at a Board meeting later in the week.

Councillor Liz Hardman asked to what extent is this new contract making a difference and is it achieving its objectives - how do we know.

The Director of Children's Services replied that the new contract is an extension of the current contract with current and emerging new objectives on an annual basis. She added that Adoption West provide an annual report that gives assurance on delivery against the contract and on the quality of service.

She said that she felt that the work of Adoption West does make a difference to both children and parents. She added that they were now fulfilling a previous challenge to attract adoptive parents for sibling groups and were in the process of further developing their post adoptive support with regard to contact with the birth family.

Kevin Burnett referred to page 27 and asked do the changes in LA contribution rates deal with the forecasted deficit.

The Director of Children's Services replied that they do and it is manageable.

Kevin Burnett commented that there didn't appear to be any mention of the IROs and asked where do the IROs play a part in the child's journey.

The Director of Children's Services replied that once children are adopted they are supported by Adoption West, there is no role for the Local Authority IRO in this respect.

The Panel **RESOLVED** to recommend the following to the Cabinet.

The Cabinet is asked to;

i) Note that all other 5 Local Authority owners of Adoption West have approved the contract extension through their respective Executives.

ii) Approve the extension of the Commissioning Agreement with Adoption West for the delivery of services as per the original contractual specification, by 5 years until 28 February 2027; and delegate to the Director Of Children's Services and Education in consultation with the Directors of Finance, and Legal and Democratic Services and in consultation with the Cabinet member for Children's Services and Education to agree in writing, in accordance with clause 3.2 of the Commissioning Agreement, a five year contract extension and execute any and all related documents required to implement that extension.

92 REPORT ON CHILDREN'S COMMUNITY HEALTH SERVICES

The Director of Children's Services introduced this report and highlighted the following areas within it to the Panel.

HCRG Care Group deliver a wide range of Children's Community Health Services in B&NES which is jointly commissioned by the Council and Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group and is routinely performance managed by both public health and specialist commissioning.

Leaders of HCRG Care Group Children's Services have a well-established culture of close collaboration, partnership and multi-agency working. Between regular commissioner led service level performance meetings, both Public Health and Complex Care and Targeted Support commissioning functions regularly 'deep dive' to maintain a continuous cycle of service development. Representatives from the Group also regularly represent children and young people's health at a wide range of local system forums including the B&NES Community Safety and Safeguarding Partnership (BCSSP), the Youth Offending Board and the Special Educational Needs and Disabilities Strategy Board, among many others.

Prior to the onset of the COVID 19 pandemic, performance across both specialist and universal services was very good. NHSE have provided over the past two years centralised sets of guidance throughout the pandemic via a series of Community

Service Prioritisation Frameworks. These frameworks have advised on which services to suspend, and which must continue to ensure that rigorous safeguarding principles are maintained, particularly for vulnerable groups in both identifying these groups and maintaining contact and support for those identified.

HCRG Care Group have consistently applied the prioritisation frameworks and in many cases staff, particularly in the Community Nursing and Psychology service which supports children and young people with complex health needs and their families and carers, have gone beyond the guidance issued by NSHE to support vulnerable families on their caseload, delivering food parcels and vital medicines and offering critical emotional support to families. The Children Looked After health offer has also been prioritised to ensure that all Initial Health Assessments have still been carried out face to face and in a timely way and that Review Health Assessments have been routinely completed.

As with many other health services across all age acute and community health sector, all B&NES Children's Community Health Services have experienced some disruption to normal service delivery during the pandemic, particularly those that require express face to face consultation such as audiological services. There has also been a marked increase of referrals into several specialist services during the period of the pandemic with a corresponding increase in requests for Education, Health and Social Care Plans coming into the Education Service in the Council.

The School Nursing Service provides universal access to health advice and support for school pupils and college students. The school nurses also work closely with the mental health support in schools' teams provided by Child and Adolescent Mental Health Services (CAMHS) and support access to, or advice from, specialist CAMHS. The school nursing service facilitates the 'FRIENDS' programme in selected primary school classes that include pupils with high levels of anxiety.

The Senior Commissioning Manager for Complex Care & Targeted Support added that the report had been produced collaboratively and that she would like to praise the work of the Children's Community Nursing and Psychology Service in particular who provided extra support for families with CYP with complex needs.

Councillor Liz Hardman referred to Appendix 1 and asked if further comment could be given on how the school nurses work with CAMHS and more information about the FRIENDS programme.

The Senior Public Health Commissioning and Development Manager replied that the school nurses work closely with the mental health support in schools' teams provided by Child and Adolescent Mental Health Services (CAMHS) and support referral to, or advice from, specialist CAMHS.

She said that this includes developing safeguarding plans that include EHWPB needs and referring on for specialist interventions when required from CAMHS, Psychology and Psychiatry etc. She added that the service also promotes a whole school approach and works with leadership teams to promote positive mental health in schools and attends assemblies and parent/group sessions.

She informed the Panel that FRIENDS is a resilience intervention proven to reduce anxiety and depression and promote positive mental health. Based on Cognitive Behaviour Therapy (CBT), FRIENDS has been recognised by the World Health Organisation as the only evidence-based programme effective in reducing anxiety as a universal and targeted intervention (WHO, 2004).

She stated that the service provided 7 courses in schools in 20/21 and feedback showed that 92% of children reported a positive experience of the course with 71% of children reporting that they used FRIENDS skills often to make positive choices.

She added that all schools have a named school nurse and contact is based on need so all secondary schools have access to a regular drop in session for children and young people and school nurses respond to referrals and maintain regular contact with schools.

Councillor Hardman commented that we know that as a result of lockdowns there are more children missing education and asked to know more about the extent to which we are able to engage with and support those children in the context of increasing numbers.

The Director of Children's Services replied that in respect of the School Nurse role supporting Children Missing Education, the Nurse works closely with the wider education team to respond to referrals that relate to health needs that are specifically challenging access to education. She added that the nurse often works with other health colleagues to develop a plan that meets health needs alongside the CYP and their family that supports a return to education

Regarding the impact of Covid on Children's education, she said the return to school in B&NES has been strong, although CV19 infections undoubtedly have affected overall school attendance. However, there have been isolated cases of children not returning to school for individual reasons.

She stated that in some cases, family members would have been considered Clinically Extremely Vulnerable (CEV) and would have been expected to continue to isolate when there had been an easing of restrictions for others. When these restrictions and advice no longer applied to the majority, several families found it difficult to accept and wanted to continue isolating, thus refusing to send their child back to school. She explained that this was often due to apprehension around what schools had put in place to prevent the spread of COVID (eg, open windows, masks, one way systems, increased hygiene, bubble, staggered starts at pinch points, different timetables etc).

She said that some families chose to EHE as a result and therefore were removed from the school roll and the Alternative Learning Team (ALT) were notified to provide appropriate advice.

She added that where the child remained on roll but was not attending, together, the school and CMES identified those where we felt additional support was required (and continue to do so). The CMES made calls to those families and talked them through what would be in place to help alleviate their fears. In addition to this, we offered to take the families out of school hours with agreement from the schools to

witness first-hand the things put in place. We often found that just setting foot back onto the school site gave them the confidence to return to school. We had several success stories by using these options.

She stated that when there are ongoing genuine issues re health with individuals within a family, we have sought advice from medical professionals and ensured that the headteacher was made aware of this information, allowing them to be fully informed prior to making a decision about appropriate support, onward referrals and coding. We have seen an increase in the number of children requiring a service from our Hospital Education Re-integration Service due to not being able to attend school because of anxiety.

Councillor Hardman commented that the overall response rate in staff engagement fell from 73% to 44% as a result of the pandemic and asked would the rates be expected to recover this year.

Val Scrase, Managing Director, B&NES Community Services, HCRG replied that workforce surveys are completed annually, and we would normally expect greater uptake. She added that the engagement score, which is a measurement of positive feedback - has been very good over past 3 years and maintained this year.

Councillor Ruth Malloy asked how many Mental Health First Aiders there were within HCRG.

Val Scrase replied that she did not have those specific figures to hand.

Councillor Malloy asked if the term 'restorative supervision' could be explained further.

Val Scrase replied that regular supervision for staff is promoted to take place at least once a month and that restorative supervision is used for staff who may have more complex cases and need additional emotional resources / therapy.

Councillor Andy Wait commented that he was concerned with the performance in year 2021-2022 for quarters 1-3 with regard to Community Paediatrics Referral to Treatment - % seen within 18 weeks.

The Senior Commissioning Manager - Complex Care & Targeted Support replied that they wanted to show the amber figures in context and said that the pandemic had been a factor. She added that there has been an increase in the complex needs being identified and that SENCO's were picking up issues as children return to school. She said that families were also choosing to live in B&NES because of the services we provide and that the CCG have committed additional resource to attempt to return the figures to their previous levels.

Kevin Burnett asked if schools do still have school nurses attached to them.

The Senior Public Health Commissioning and Development Manager replied that they do and that a good relationship exists across all schools.

Kevin Burnett asked if there were any workforce surveys pre-Sept. 2021 and if yes, how do the results compare.

Val Scrase replied that annual surveys take place and acknowledged that the response was lower than previous years. She added that they do also look to hold wider engagement exercises.

Councillor Liz Hardman commented that she would welcome the Panel receiving a more in depth report into Children Missing Education.

The Panel **RESOLVED** to;

- i) Note the content of the report and identify any areas of focus for the next update report due to Panel.
- ii) Confirm the arrangements for HCRG Care Group 6 monthly commissioning report as Panel is now alternating between a focus on Adults and Children's.

93 SHAPING A HEALTHIER FUTURE PROGRAMME - UPDATE

Geoff Underwood, Programme Director for Strategy and Transformation, NHS South, Central and West introduced this item to the Panel and said that an updated version of the model would be circulated after the meeting.

Councillor Liz Hardman said that she had noted some cynicism from respondents about the ability to deliver on the model and also that the model is being driven by the need to reduce pressure rather than transform residents' experience of health care.

She added that in the context of the huge pressures on the NHS right now, was it right to put NHS staff under additional pressure at this time to deliver on the priorities set out in the model and were we raising expectations within our communities that the way in which care is delivered will change when the reality is that long waiting times are going to be with us for some considerable time and access to a GP will remain difficult.

Richard Smale, BSW CCG Director of Strategy & Transformation replied that short term pressures do exist but that the care model looks at prevention and improvements to personalised care and the need to provide these at scale. He said that this was a large piece of work to navigate and that it must be carefully managed across all our agencies.

Councillor Hardman asked if there was enough money available to deliver the proposals within the model.

Richard Smale replied that they will need to look at how the funds available are used and this may include collaboration and use of resources in a different way, including the use of collective assets.

Kevin Burnett asked if this work was sparked by proposals to develop the RUH site.

Simon Cook, Shaping a Healthier Future Programme Director replied that it had been triggered by the opportunity to bid for investment in the RUH site and that developing the model of care over the next ten years then became the focus to ensure that the proposals supported a future model of care, not simply how care is delivered today.

He said that this was an opportunity to change processes within many services.

Kevin Burnett asked if there was a deadline for the bids in relation to the development of the RUH site.

Simon Cook replied that details would be submitted to a meeting of the RUH Board next month and that there currently was no national programme deadline. He added that the Trust will look to benefit from any capital funding that becomes available.

He said that he could not guarantee when a decision on funding would be given, but felt there was an advantage to being ready sooner than some areas. He added that the proposals should be supportable from a Planning perspective, also because they were based upon a future model of care that had received good engagement, and that the Trust had a good track record in terms of delivery, such as with the Cancer Centre which is currently being built.

The Chairman asked to be reminded of the amount of funding they were hoping to receive.

Simon Cook replied that the opening bid applied for to improve the hospital site had been £450m but that there was no longer a fixed amount to bid for. He said that the Trust was now in the process of setting its 10 – 15 year programme of investment in infrastructure.

Councillor Andy Wait asked if the survey had been targeted towards any specific geographical areas.

Geoff Underwood that it had been an open online survey that they sought to publicise as widely as possible.

Councillor Wait commented that he was concerned that dentists were not currently able to accept any new NHS patients.

Richard Smale replied that NHS Dentistry is managed regionally at the present time, but was likely to move more locally within the next year and it was acknowledged that work was required to improve this matter if possible.

The Chairman commented that going forward the work with regard to the preventative agenda was noted. He also asked for an understanding that they be aware that the use of digital technology would not work for all residents.

The Panel **RESOLVED** to note the engagement report and updated health and care model.

94 PANEL WORKPLAN

The Chairman introduced this report to the Panel.

Councillor Michelle O'Doherty commented that during the course of the meeting members of the Panel had asked for further information / reports on the following items.

- HCRG contract extension
- Child and Adolescent Mental Health Services (CAMHS)
- School Admissions
- Children Missing Education (HCRG 6 month report)

Councillor Joanna Wright asked for the Panel to receive further information on plans for the Council to receive £100,000 towards Social Prescribing.

The Panel noted these proposals.

The meeting ended at 12.50 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Children’s & Adults Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/ DECISION DATE:	8 th April 2022	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Adult Social Care Transformation	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Attachment 1: Adult Social Care Transformation Update Report		

1 THE ISSUE

1.1 This reports intention is to update Children's and Adults Health and Wellbeing, Policy Development Scrutiny Panel on the progress to date on transformation of Adult Social Care.

1.2 At the request of Panel this update report will provide an overview of the 7 transformational projects within Adult Social Care since commencement in July 2021.

1.3 Adult Social Care has changed since the pandemic began in 2020. In June 2021 Adult Social Care knew it had to adopt and change to the profile of need and demand as it was unknow what the possible pent-up demand expected in 2022/23 - 2024/25.

1.4 Adult Social Care has been required to find more effective ways to keep people in their own homes or communities for as long as possible, to avoid hospital admissions, delay or reduce their escalation of need and find innovative ways to meet what people required from Adult Social Care.

2 RECOMMENDATION

Panel is asked to;

- 2.1 Note the content of the report and identify any areas of focus for the next update report due to Panel.
- 2.2 Agree the reporting frequency into Panel for oversight of the progress made with Adult Social Care Transformation.
- 2.3 Provide feedback on the proposed future transformation priorities and consideration for their implementation.

3 THE REPORT

3.1 The report contains a detailed overview of the following Adult Social Care transformation projects which commenced during 2021/22:

- **Community Resilience; Social Care Front Door and Social Care Processes and Interventions:** to strengthen the offer provided to the people of B&NES by Adult Social Care. The three projects are being undertaken jointly with HCRG Care Group. The prime focus of the work is to ensure that people contacting social care have an easier, clearer way of accessing information, advice and support as required.
- **Reablement:** to deliver improved flow across the B&NES system, given the ongoing pressure within health and social care, with a specific focus on redesign of the reablement pathway. As a result of this work, the public who use the service should experience a timely discharge from hospital and will receive Reablement Service intervention if they would benefit from that service. As an added benefit, the work will also help to deliver improved system flow so patients are discharged safely from hospital and offered reablement.
- **Community Services Framework – Mental Health:** NHS England approved the B&NES, Swindon, and Wiltshire (BSW) submission to expand and transform local integrated models of primary and community mental health services for adults (16 years+) and older adults with severe mental health problems in March 2021. The model builds upon the BSW Thrive Strategy and the Community Services Framework Infrastructure Providers for the B&NES locality are AWP, Oxford Health, and Bath Mind. CSF 3rd sector providers for the Swindon locality are Swindon & Gloucestershire Mind, and for Wiltshire they are Alabare and Rethink.
- **Transitions:** the service will engage earlier with children and young people who are receiving help from Children's Social Care and Education. Some of these children and young people may go on to require care when they become an adult. Engaging earlier by, providing advice and information to families on the criteria for receiving adult services will help set expectations and ensure we can meet their aspirations and outcomes. Most of all we need to ensure that there is no gap in support as young people move between the two services, which means we need to have an all-age focus.

- **Redesign Liquid Logic:** Liquid Logic is the case management and recording backbone of the social care services provision and represents a significant investment for the Council. As with all systems, processes need to be regularly reviewed to ensure that they remain current, effective and efficient. The resign project is reviewing the established system workflow in adult social services to determine if the current usage of the Liquid Logic system product is best utilised and to what extent there is a requirement of some redesign to either the system or user processes.

4 STATUTORY CONSIDERATIONS

4.1 The key white papers released by the Department of Health and Social Care (DHSC) will continue to influence heavily the approach to transformation in B&NES:

- **In December 2021 white paper, people are at the heart of care - Adult Social Care** sets out a 10-year vision for adult social care and provides information on funded proposals that will be required to be implemented over the next 3 year
- **Build Back Better Our Plan for Health and Social Care** - which was updated on the 5th of January 2022, now includes the new Adult Social Care charging reforms
- **In February 2022 the DHSC released Health and Social Care Integration-** joining up care for people, place and population

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1 In the section for Financial Savings Target (page 11) the report details the level of financial savings expected. The transformation programme that Adult Social Care services are undertaking is expected to deliver savings through efficiencies of £4m over 3 year period from 2022 to 2025.
- 5.2 The report highlights the impact of the pandemic resulting in increased pressure on funding. Although some of this increase may be temporary, underlying pressures are expected to build as a result of demographic changes, the long-term impact of COVID-19, rising care costs and the impact of Social Care Reforms. Social care as an integral part of our society and economy is facing a challenging financial landscape of the next few years.

6 RISK MANAGEMENT

6.1 In the section Overview of Governance and Monitoring Arrangements (page 3) there is an overview of how risks are identified and managed.

6.2 The Adult Social Care Internal Transformation Group (ITG) provides robust assurance of the progress made on each of the transformation projects against project plan timescales and milestones. The ITG continues to meet monthly and interrogates each of the transformation project highlight reports to ensure all risks are identified and mitigation actions and solutions proposed. The ITG provides an opportunity to identify project interdependencies across the transformation projects and wider interdependencies with council savings targets and business as usual service development and improvement projects.

6.3 In December 2021 the decision was taken to review the Social Care Transformation Board's key activities following a 6 month period. Until December 2021 the Adult Social Care Internal Transformation Group (ITG) had reported into this group. This has resulted in a new governance structure being developed for corporate oversight of business change across the organisation and the future Adult Social Care transformation priorities will report through this new governance structure.

6.4 The decision on whether the contract will be extended with HCRG Care Group, as the prime provider, for the delivery of community health and adult social care in B&NES could have a significant impact on the delivery of transformation in adult social care services in the future.

7 EQUALITIES

7.1 The report outlines the ambition for the future focus of transformation in Adult Social Care to in line with Build Back Better – Our Plan for Social Care, to:

- **Offer choice, control and independence to care users** – so that individuals are empowered to make informed decisions and live happier, healthier and more independent lives for longer;
- **Provide an outstanding quality of care** – where individuals have a seamless experience of an integrated health, care and community system that works together and is delivered by a skilled and valued workforce; and
- **Be fair and accessible to all who need it, when they need it** – ensuring that fees are more transparent, information and advice is user-friendly and easily accessible, and no one is subject to unpredictable and unlimited care costs

CLIMATE CHANGE

7.2 The Council has declared a climate emergency and has resolved to enable carbon neutrality in B&NES by 2030. B&NES Council work in partnership with HCRG Care Group to deliver Community Health and Adult Social Care for B&NES alongside a range of community partners. As part of the ongoing service improvement and development providers and commissioners are putting in place mechanisms to reduce their impact on climate change such as mobile working, increased usage of the integrated care record, multi-disciplinary teams and also multi-agency hubs; the Community Wellbeing Hub (CWH) is a clear example of this for community resilience.

8 OTHER OPTIONS CONSIDERED

8.1 N/A

9 CONSULTATION

- 9.1 There has been no public consultation for this report but there has been consultation with key system partners through established governance and monitoring. This report has been written with information provided from previous Social Care Transformation Board engagement and agreement with community partners as well as the highlight reports generated by the Adult Social Care Internal Transformation Group (ITG).

Contact person	Suzanne Westhead, Director of Adult Social Services
Background papers	N/A
Please contact the report author if you need to access this report in an alternative format	

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Children & Adults Health & Wellbeing Policy Development Scrutiny Panel

8th April 2022

Adult Social Care Transformation – Update Report

Introduction and context

This reports intention is to update Children's and Adults Health and Wellbeing, Policy Development Scrutiny Panel on the progress to date on transformation of Adult Social Care.

Adult Social Care has changed since the pandemic began in 2020. In June 2021 Adult Social Care knew it had to adapt and change to the profile of need and demand as the possible pent-up demand expected in 2022/23 - 2024/25 is unknown.

Adult Social Care has been required to find more effective ways to keep people in their own homes or communities for as long as possible, to avoid hospital admissions, delay or reduce their escalation of need and find innovative ways to meet their social care needs.

Our close working with the NHS and our wider community partners ensures we continue to promote, maintain, and enhance people's independence so that they are healthier, stronger, more resilient and less reliant in the future on formal Social Care services. Doing this is better is good for people in terms of their longer term outcomes and better for B&NES Council to help make funding go further. It is also better for system health partners as it will help reduce hospital admissions and the length of stay.

Where people experience a crisis in their lives, rather than intervening to remove people from the crisis we will work with them and their families to manage the crisis, become more resilient and develop skills to deal with issues in the future.

As part of the transformation programme the transitions service will engage earlier with children and young people who are receiving help from Children's Social Care and Education. Some of these children and young people may go on to require care when they become an adult. Engaging earlier by, providing advice and information to families on the criteria for receiving adult services will help set expectations and ensure we can meet their aspirations and outcomes. Most of all we need to ensure that there is no gap in support as young people move between the two services, which means we need to have an all-age focus.

Where people do need support, we will make it as easy as possible to access services. People will be able to get the help, advice and support they need online, by phone and through the Community Wellbeing Hub or where required through home visits. On first contact with people, we will endeavour to resolve their problems as quickly as possible and seek to utilise support from families and communities before resorting to formal Social Care services. People will be encouraged to seek help earlier as their needs are more likely to be met by wider support services at that time and there is evidence that such interventions help people to be more resilient.

Overview of Governance and Monitoring Arrangements

The Adult Social Care Internal Transformation Group (ITG) has been meeting monthly since July 2021. This transformational group oversees each of the 7 Adult Social Care transformation projects, with highlight reports submitted by the project leader and manager. The Adult Social Care team is currently reviewing with the

Director of Business Change & Customer Services the best approach for governance and monitoring of transformation moving forward.

The ITG provides robust assurance of the progress made on each of the transformation projects against project plan timescales and milestones. The ITG continues to meet monthly and interrogates each of the transformation project highlight reports to ensure all risks are identified and mitigation actions and solutions proposed. The ITG provides an opportunity to identify project interdependencies across the transformation projects and wider interdependencies with council savings targets and business as usual service development and improvement projects.

The table below summaries the RAG rating reported through the internal transformation group highlight reports from July 2021 to February 2022, as an indication of level of project progress and any associated risk impacting on progress.

ASC Transformation RAG Rating:		Low	Medium	High				
Workstream	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Early Intervention & Community Resilience								
Optimising the Front Door								
Social Work Processes & Interventions								
Reablement								
Community Mental Health Framework								
Transitions								
Redesigning Liquid Logic								

Overview of Adult Social Care Transformation Projects

The following Adult Social Care transformation projects commenced during 2021/22:

- Community Resilience; Social Care Front Door and Social Care Processes and Interventions
- Reablement
- Community Services Framework – Mental Health
- Transitions
- Redesign Liquid Logic

Community Resilience; Social Care Front Door and Social Care Processes and Interventions

The three projects: Community Resilience; Social Care Front Door and Social Care Processes and Interventions have been developed to strengthen the offer provided to the people of B&NES by Adult Social Care, and the three projects are being undertaken jointly with HCRG Care Group. The prime focus of the work is to ensure that people contacting Social Care have an easier, clearer way of accessing information, advice and support as required.

For the people who use the service the prime focus is to make sure that people contacting Social Care have a clearer way of accessing information, advice and support as required. This will be achieved by improving the access points to Social Care information, primarily through the HCRG Care Group Social Care “Front Door”, but also ensuring that if people make contact through other routes, for example, the Community Wellbeing Hub, they are immediately transferred to someone who can support them.

The community resilience work will also be reviewing the support available for adults in the community; enhancing the use of third sector providers and strengths-based approaches when supporting people (focus on supporting people to remain independent rather than the provision of services) This might be in respect to information but also building closer links with Primary care networks and the social prescribing schemes. The work will also improve the understanding of commissioning gaps so these can be addressed to improve the range of support available to the people of B&NES. Individuals who require formal Social Care support will see an improvement in the response provided at the Social Care front door. This will be monitored as part of the project.

It is expected that these changes will result in people being supported to maintain their independence for longer through input from Reablement when a person’s needs change to ensure that their independence is maximised using technology, equipment and therapeutic input before long term social care support is provided.

The work will also improve the way that assessments and reviews are recorded so that clearer, more accessible paperwork is shared with the person. The front door in Social Care will also ensure that where people need support from health professionals or other organisations this is provided without the person having to try to navigate through the system themselves.

The processes that Social Care teams use to access third sector providers and commissioned services will be simplified and improved. Revised quick guides are being developed that outline the quality expectations for the Social Care teams and how they can access the information they need to support people. This will include quick guides to policies and legislation. The projects will ensure improved data reporting focus on the outcomes for individuals and evidencing the impact of strength-based conversations.

An initial pilot has been completed at the first point of contact in community resilience. This has led to changes in the initial plan with the skills of the Social Care staff being used to support people through the provision of information, advice and signposting.

At the front door the links with the Reablement project and work with the acute and community health colleagues continue to be developed to ensure that those requiring Social Care support have timely access to resources from across health and social care. Good practice guides are nearing completion and the Liquid Logic Adult Social Care system is being changed to remove duplication and ensure that the information recorded can be more easily shared with people.

It is anticipated that the Social Care teams will be working to the new operational model from April 2022, but the changes required in relation to Reablement, and some aspects of the Liquid Logic process will be implemented throughout 2022/23. The work undertaken in Community Resilience will provide a firm basis for further developments in commissioning and wellbeing/prevention whilst improving the response provided to the public.

Reablement

The terms “Reablement” and ‘Intermediate Care’ are both used to describe a range of integrated services that promote fast recovery from illness, prevent unnecessary acute hospital admission and premature admission to long term residential care, support timely discharge from hospital and maximise independent living”.

HCRG Care Group are commissioned to provide the B&NES Reablement service, a strengths-based, person centred approach that promotes maximised independence and well-being. It aims to ensure positive change using user-defined goals and is designed to enable people to gain (or regain) their confidence, ability, and necessary skills to live as independently as possible.

The aim of the transformation project for B&NES is to deliver improved flow across the B&NES system, to reduce the ongoing pressure within health and social care, with a specific focus on redesign of the Reablement pathway. As a result of this work, the public should experience a timely discharge from hospital to reduce delays and ensure that patients are discharged safely from hospital.

For the people of B&NES the Reablement project will deliver the following improved outcomes:

- Capacity to see more patients/service-users
- Patient/service-user experience is positive including the use of goal setting and achievement
- Performance and quality of the service, for example, able to facilitate hospital discharges in a timely way

BSWCCG and B&NES Council work in partnership with HCRG Care Group and a Reablement Steering Group is in place to oversee the project work. A Reablement Service Development Plan has been developed with an identified project manager supplied by South Central and West Commissioning Support Units Strategy and Transformation Unit (BSWCCG). In addition, a working group with key service personnel has also been started which meets weekly and reports to the bi-monthly Reablement Steering Group. The working group, via the project manager, also provide regular highlight reports based on the service development plan and risk register.

The Service Development Plan and approach was created in July 2021, with an overall aim to deliver the new Reablement service model, including project aims, scope and deliverables. The project to date has been delivered using continuous improvement principles such as the NHS Quality Service Improvement and Redesign methodology (QSIR). The plan and the approach have been agreed with the B&NES quality leads and there is also quality representation at the working group meetings.

The project has delivered a new summary service description, service criteria, current state pathways, a future model state and identified substantial areas for attention. As a result, the implementation of the above requires further planning and it is also likely that service improvement work will be required past March 2022. The summary service specification will be used as a building block for the revision of the overall service specification.

There is a risk log included in the Service Development Plan with one of the keys risks relating to changes to the national targets (2 hour emergency response) and the implications for the Reablement service.

The Reablement Steering Group has also recently reviewed its terms of reference and has updated the overall Service Development Plan to include actions to take us to the end of March 2022 and the production of the overall service specification. Furthermore, additional consideration is being given to the effects the new 2-hour emergency response target (1st April 2022) and linkages to other adult Social Care transformation projects and how that can be managed to ensure the Reablement service continues to be effective and meets the needs of the B&NES population.

Community Services Framework (Mental Health)

NHS England approved the B&NES, Swindon, and Wiltshire (BSW) submission to expand and transform local integrated models of primary and Community Mental Health Services for Adults (16 years+) and older adults with severe mental health problems in March 2021.

The model builds upon the BSW Thrive Strategy and will be fully transformational across primary, secondary and third sector services. The Community Services Framework Infrastructure Providers for the B&NES locality are AWP, Oxford Health, and Bath Mind. CSF 3rd sector providers for the Swindon locality are Swindon & Gloucestershire Mind, and for Wiltshire they are Alabare and Rethink.

The B&NES locality-based implementation of the Community Services Framework (CSF) forms a part of the Adult Social Care transformation priorities and our B&NES locality responsibilities currently include:

- Any localisation needed, for example, in B&NES need to ensure consideration is given to the needs of our student population - instigated a meeting to bring together the B&NES locality based representatives on each system-level

subgroup, to ensure a better understanding of the priorities and needs in B&NES across organisations and communities, therefore improving the ability of those individuals to represent B&NES as a locality. The group meets every other month.

- Co-production and engagement locally (although some will be system wide) - made a commitment to running at least 1 co-production event per quarter in each locality. The engagement undertaken in Q1 and Q2 have been independently facilitated.
- Locality communications - must ensure a formal and regular communication across Bath & North East Somerset. This is being worked on at system level and our role will be to ensure appropriate onward publicity in our locality.

The ambition is that by the end of the three-year transformation (31/03/2024), each Primary Care Network will have access to (virtual) mental health multi-disciplinary teams (“the team around”), to eradicate the polar, process-driven model, implementing a model that matches timely clinical / non-clinical intervention to need, provided by the right worker / professional in the right place on the pathway. The key features of the model include:

- Early and timely access to the right support, focusing on prevention and early intervention
- No wrong front door, operating a ‘warm transfer’ transition approach
- Creation of key named workers/professionals to Primary Care Networks
- Cessation of linear stringent referral processes and criteria
- Advice and guidance function
- An ‘all age’ response
- Move from [often repeated] assessment to provision of person-centric support and clinical/non-clinical intervention
- Seamless model of care, removing cliff edges; integrated care and working partnerships
- Support and treat all levels of mental health need and wider determinants - enhancing community resilience
- Non-clinical and social outcomes-focused, with bespoke support based on self-directed need and preferences
- Multi-agency response to need, with data sharing agreements to enable integrated records across whole system
- Consistency of support and intervention; core model with locality/neighbourhood level adaptations to meet population health needs

Progress against the B&NES responsibilities are on track and there are currently no overdue elements. However, it must be noted that system-led milestones are likely to

be missed at the end of the first year of implementation due to demand within the system. The main system level milestones for year 1 that have slipped are:

- Recruitment of baseline transformation workforce - flagged as a national issue
- Quarterly system wide review with outcome metrics to track progress against project plan - NHSE are agreeing metrics and will disseminate when confirmed
- Delivery of shared care formulary linking into Primary Care
- Commencement of some of the priority pathways (Eating Disorder and Complex Emotional Needs (previously referred to as Personality Disorder) pathways were identified as particular priorities for year 1)
- Regular coproduction meetings

Risks identified include:

- B&NES actively influence transformation to ensure the model works for the B&NES locality, specifically that our social work function within AWP is sufficiently understood
- wider stakeholders do not clearly understand the expectation of them within CSF transformation
- Concern the system is struggling to identify staff who will participate in the sub groups appropriately
- Place based verses system based development and where lead responsibility lies
- No contract yet in place with CSF third sector organisations, therefore delivery and recruitment is proceeding at risk to providers
- Capacity within commissioning function due to staffing changes, there is an urgent requirement to recruit a replacement for commissioner project lead and project manager

Transitions

In January 2021 B&NES adult commissioners undertook a 14-25 years' Transitions Review. The review made several recommendations across 13 core focus areas to improve current process and practice. One of the recommendations related to the Transitions pathway and to determine whether aspects of adults and children's services could be consolidated to enable a smoother transitions pathway for young people.

For the people of B&NES the aim of the Transitions project is to help young people and their carers have a better experience of the transitions process from children's to adult services by improving the way it's currently delivered. The new operating model is expected to deliver the following benefits:

- **Streamlined processes** to improve the service user experience and the Preparing for Adulthood (PfA) journey
- **Reduced assessment** waiting times

- **Increased pathway routes** for young people with complex needs to limit those 'falling through the gap' (young people not currently meeting the threshold, mental health needs & inpatient)
- **Integrated ways of working** across children's and adult services to ensure that young people and their families receive a consistent level of service
- **Robust governance** to ensure service level agreement timelines are being met
- **Clearer expectations** of what to expect in service delivery

Other benefits to B&NES include:

- **A clear line of accountability** across the whole of transitions with clearly defined roles and responsibilities
- An opportunity to **develop workforce training needs** to better meet the needs of young people transitioning to adulthood
- **Meet best practice** guidelines
- Identification of **operational efficiencies**

Children's services are currently in the process of developing an outcomes framework. Alongside this work, a 'Transitions Dashboard' is being built which will include the specific outcome measures relating to transitions for young people with complex needs and disabilities. Therefore, Transitions outcomes will directly feed-off the overall children's services outcomes framework, and this is expected to be complete by May 2022.

The purpose of the Transitions project is to develop a fully costed options appraisal to identify a seamless pathway for all young people with complex needs and disabilities transitioning to adulthood. Phase 2 of this project will focus on implementing the preferred option. The following options will be appraised:

Option 1: Strengthen the existing model - maintain the existing Transitions process 'as is' and identify the additional resource required to support current 18+ transition caseloads

Option 2: Commission a Complex Needs Transition Service targeted at 18 -25 years - develop an 18-25 service that is made up of adult social care professionals, adult health professionals and SEND team members

Option 3: Extend the Children's Joint Agency Pooled (JAP) budget to meet the needs of people with complex needs up to the age of 25 years if required - the JAP budget currently funds young people up to the age of 18 with a contribution from adult social care, the JAP budget could be extended up to the age of 25 years

Option 4: Change 0-18 services across health and social care to 0-25 services - existing services are transformed to include an integrated health, social care and education service

Option 5: A virtual 14 - 25 years' Transitions team - develop a matrix managed team out of SEND team, adult social care, children's social care and (possibly) health professionals

To date, the Transitions Project Working Group has met in total for 5 project sessions since December 2021, and the group have:

- Developed and signed off the PID
- Identified areas where the system is not working in as seamless way for people moving between Children's and Adult Services
- Developed the scoring criteria for the options appraisal and agreed weightings
- Undertaken 'trial run' of scoring criteria
- Developed transitions vision statement (jointly agreed)
- Options Evaluation Scoring Workshop to take place on 9th March 2022

The redesign of this service will be expected to deliver positive outcomes for young people and their families who transition into Adult Social Care through new model implementation April 2023.

Redesign Liquid Logic

The Liquid Logic system is the case management and recording backbone of the Social Care services provision and represents a significant investment for the Council.

As with all systems, processes need to be regularly reviewed to ensure that they remain current, effective and efficient. The redesign project is reviewing the established system workflow in Adult Social Care to determine if the current usage of the Liquid Logic system product is best utilised and to what extent there is a requirement of some redesign to either the system or user processes. There are 3 levels to address within the project:

- **Form and process refresh** - those current processes which need tweaking to take advantage of modifications available through updates to the system, such as the addition of the placement address or small amendments to forms which have no impact on the workflow design
- **Application modifications** - some remodelling or retraining, for example, at the 'front door' where forms need modifying and elements of the workflow need reinforcing or redesigning for a smoother entry into Adult Social Care
- **Significant change** - those areas which are being underused, such as portals and brokerage and will require building or 'switching on', training and implementing. Also, the implementation of portals; working with providers in the first instance and eventually the public; will bring gains in access, accountable and potential savings from manual processing

For the people of B&NES the aim of this project is to ensure individuals receive a more connected service as each of their assessments become part of one record rather than several. The use of portals and improved web pages will allow for service users to embrace independent access to services that are universal, non-commissioned and commissioned. Improvements at the 'Front Door' will assist where services users don't or can't access these internet-based entry points and people are better supported to navigate the social care system.

For the professional teams using the Liquid Logic system, the project will support improved engagement through consultation, ensuring suggestions and issues are considered as part of the development process. An additional benefit is the development of a leaner system which supports Social Care staff to accurately and consistently record what is required for the safety and wellbeing of service users. Project work to date has facilitated the identification with social care staff on the specific forms form's to be updated and processes to be revised.

For Adult Social Care service manager's the project will deliver increased data quality that will lead to improvements in reporting capacity and intelligence, and in turn, inform decision making through robust evidence built on detailed and accurate information.

As a future element to the project there is consideration of the benefits of joining the PAMMS network (Provider Assessment and Market Manager Solution). However, this needs to ensure that Council services and recording are robust before embarking on another system integration project.

The following project risks have been highlighted if focus is not provided to continue to develop process and maintain systems:

- Data quality becomes an issue as well as compliance with current and future legislation around social care and health care duty of care responsibilities
- Lack of control over data recording in turn could lead to mismanagement of funds and other resources
- Without accurate data, services cannot plan for future service demands

A future consideration for this project is the introduction of the cost cap from October 2023, as this will require significant preparatory work, including system configuration, and this will impact on progress with other Liquid Logic developments. The implementation of the cap will require new functionality to be developed and rolled out for Controc, which fully integrates with the Liquid Logic system, and this is likely to involve a form of online application process and assessment process so a 'client portal' being implemented is now more likely required to be developed as part of the system.

Financial Saving Target

The past two years have been unprecedented and whilst the ability to respond at scale in a crisis is astounding, the cost to services and the users that rely on them is all too clear, and future plans will need to think carefully about where resources are come from to address such priorities.

The impact of the pandemic has increased pressure on funding. Although some of this increase may be temporary, underlying pressures are expected to build as a result of demographic changes, the long-term impact of COVID-19, rising care costs and the impact of Social Care Reforms. Social Care as an integral part of our society and economy is facing a challenging financial landscape of the next few years.

There is an opportunity to ensure that the services we provide for our local population are making a difference and adding value; COVID-19 has heightened our understanding of the impact that inequalities, self-care, and prevention can have on mortality and resulting increasing demand for services.

The transformation programme that Adult Social Care services are undertaking is expected to deliver savings through efficiencies of £4m over 3 year period from 2022 to 2025. The expected profile of delivery is set out below.

	Year 1	Year 2	Year 3
Efficiency Delivery Plan	£'000	£'000	£'000
Total	1,000	1,750	1,250

Whilst year 1 is included in the 2022-23 savings for Adult Social Care services, the profiles for years 2 and 3 may change as the work progresses.

The expectations are high and for the transformation plans to succeed and there is a need to put services in the strongest place to respond. The plans detailed will provide significant opportunities to not only deliver the efficiencies required but direct our resources accordingly.

The breakdown of the 3-year profiling is detailed below. Whilst some schemes are not directly named as part of the transformation programme, the inter-dependencies are such that it is considered they will provide savings under the umbrella of Adult Social Care transformation.

	Year 1	Year 2	Year 3
Efficiency Delivery Plan	£'000	£'000	£'000
LD Pool review	500	650	200
Transitions	200	500	500
SLS Expansion	150	150	150
Front door review	150	250	250
Early Intervention & Community Resilience		200	150
Total	1,000	1,750	1,250

*LD – learning disability & SLS – supported living service

- Discussions are underway to review the LD Pool and recognise the increasing needs and complexities of the client's that are funded from within. This will

recognise the appropriate funding split for the client's needs rather than the current split of 23/77 (Health/Social Care) applied to all

- Work to scope the full extent of young people, current placements and costs and timings of transitions has commenced jointly with children's services
- The non-accommodation based SLS expansion within HCRG Care Group is expected to commence on the 1st of April 2022, pending successful recruitment of staff by HCRG Care Group
- Work on the front door' continues and will review the impact that work to date has already had on this during the pandemic period and the use of other pathways

Conclusion

As stated earlier, the Adult Social Care team are currently reviewing key areas of focus for transformation in the future. The key white papers released by the Department of Health and Social Care have influenced the review of the new transformational approach.

In December 2021 white paper, people are at the heart of care - Adult Social Care sets out a 10-year vision for adult social care and provides information on funded proposals that we will implement over the next 3 year

Build Back Better Our Plan for Health and Social Care - which was updated on the 5th of January 2022, now includes the new adult social care charging reforms.

In February 2022 the DHSC released Health and Social Care Integration- joining up care for people, place and population

The following changes in Adult Social Care system will have an impact on how services respond new legislation for:

- New Care Quality Commission (CQC) inspection regime for Adult Social Care which is expected to mirror the Ofsted inspection process
- Liberty Protection Safeguards (LPS) will replace the Deprivation of Liberty (DoLs). LPS will apply to everyone from the age of 16 years. While DoLs applies only to people in care homes and hospital, LPS will apply to people in supported accommodation, shared lives and their own homes

The aim is to develop a transformation plan by end August 2022 that clearly articulates an Adult Social Care 5 year transformation plan for the newly identified focused priorities of:

- **Build Back Better** – reforming adult social care to create a sustainable adult social care system that is fit for the future
- **Transitions** - implementation of the recommendations from the transitions review to deliver a smoother transitions pathway for young people into adult social care

As Adult Social Care develops a 5 year transformation plan the following underlying principles will be applied:

- **Offers choice, control and independence to care users** – so that individuals are empowered to make informed decisions and live happier, healthier and more independent lives for longer;
- **Provides an outstanding quality of care** – where individuals have a seamless experience of an integrated health, care and community system that works together and is delivered by a skilled and valued workforce; and
- **Is fair and accessible to all who need it, when they need it** – ensuring that fees are more transparent, information and advice is user-friendly and easily accessible, and no one is subject to unpredictable and unlimited care costs

The 5 year plan will also highlight areas of change activity for ongoing service development and improvement that will focus on achieving independence optimising commissioning.

In December 2021 the decision was taken to review the Social Care Transformation Board's key activities following a 6 month period. Until December 2021 the Adult Social Care Internal Transformation Group (ITG) had reported into this group. This has resulted in a new governance structure being developed for corporate oversight of business change across the organisation and the future Adult Social Care transformation priorities will report through this new governance structure.

CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
8TH APRIL 2022				
8 Apr 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Transformation Plan Update (Adults)	Suzanne Westhead	Director of Adult Social Care, Director of Children and Education
17TH MAY 2022				
17 May 2022 Page 44	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Food Equity Plan	Cathy McMahon Tel: 01225 394064	Director of Public Health and Prevention
7TH JUNE 2022				
7 Jun 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Quarterly Report on Adult Social Care	Suzanne Westhead	Director of Adult Social Care

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
7 Jun 2022	Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel	Suicide Prevention	Paul Scott Tel: 01225 394060	Director of Public Health and Prevention
5TH JULY 2022				
The Forward Plan is administered by DEMOCRATIC SERVICES: Democratic_Services@bathnes.gov.uk				

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